



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 7:37 am, Sep 03, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN SN # 204192 INV # 127312	DATE OF INSPECTION 8/27/09
LOCATION OF INSTRUMENT (STREET AND CITY) McDonald County Sheriff's Department, Pineville, MO	TIME OF INSPECTION 1820

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 52 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34°	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .098	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)	

REFUSALS 7	(0-.04) 4	(.05-.09) 7	(.10-.14) 18	(.15-.19) 9	(Over .19) 3
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument working properly and meets DOH requirements.

Manufacturer: GUTH LABORATORIES INC.

Lot # 08340

Expiration Date: 10/15/09

INSPECTING OFFICER

SIGNATURE K.R.S.	PRINT NAME Kenneth R. Sanders
TYPE II PERMIT NUMBER/EXPIRATION DATE 820344 12/30/2010	TELEPHONE NUMBER (417) 895-6868



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER 204192

08/27/09

18:20

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@AB CDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmnop
qrstuvwxyz{ }~

Operator Signature



2208-02

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER 204192

08/27/09

TESTING OFFICER:

SANDERS/K/R

OFFICER I.D.# 606

PERMIT NUMBER: 820344

EXPIRATION DATE: 12/30/10

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

TEST	VERIFIED	TIME
BLANK TEST	.000	18:23
INTERNAL STANDARD		18:24
EXTERNAL STANDARD	.008	18:24
BLANK TEST	.000	18:25
EXTERNAL STANDARD	.009	18:25
BLANK TEST	.000	18:26
EXTERNAL STANDARD	.009	18:26
BLANK TEST	.000	18:27

N = 3

SIM. = .1

RMG. = .0026

Operator Signature



2208-02

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204192
08/27/09

ARREST TIME: 18:00

SUBJECT NAME:

BUNNY/BOGS

DOB: 10/10/90

SEX: M

STATE/D.L.: MO/123456

ARRESTING OFFICER:

SNIDERS/K/R

OFFICER I.D.: 636

TESTING OFFICER:

SPME

OFFICER I.D.:

PERMIT NUMBER: 820344

EXPIRATION DATE: 12/30/10

MISCELLANEOUS DATA:

----- BREATH ANALYSIS -----

BLANK TEST	.000	18:29
INTERNAL STANDARD	VERIFIED	18:29
RADIO INTERFERENCE		

Operator Signature



State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



KENNETH R. SANDERS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/30/2008

Number 820344

Expires 12/30/2010

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)